

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/434 708</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		1					53	1					
4	1						54	1					
5		1					55						
6		1					56						
7		1					57						
8	X						58						
9	X						59						
10		1					60						
11		1					61	1					
12		3					62						
13	X						63						
14	X						64						
15	X						65						
16	X						66						
17		4					67						
18	X						68						
19	X						69						
20	X						70						
21		3					71						
22							72						
23	X						73						
24	X						74						
25							75						
26	X						76						
27	X						77						
28	X						78						
29	X						79						
30	X						80						
31	X						81						
32	X						82						
33	X						83						
34	1						84						
35	X						85						
36	X						86						
37	X						87						
38	X						88						
39	X						89						
40	X						90						
41	X						91						
42	X						92						
43	X						93						
44	X						94						
45	X						95						
46	X						96						
47	X						97						
48	X						98						
49	X						99						
50	1						100						
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	16					
TOTAL CLAIMS							TOTAL CLAIMS	25					